Agenda item: 15 **Paper no:** PCCC iC 15-19

Title of Report:	PCOG / PCCC Roles & Responsibilities	
Status:	To Discuss	
Committee:	CIC PCCC	**Date**: 11/01/2019
Venue:	NWS CCG, 58 Church Street, Weybridge, Surrey, KT13 8DP	

Presented by:	Helen Snelling, Head of Primary Care Contracting, Surrey Heartlands CCGs	
Executive Lead sign off:	Nikki Mallinder, Associate Director of Primary Care	Date: 12/12/2018
Author(s):	Nikki Mallinder, Associate Director of Primary Care Helen Snelling, Head of Primary Care Contracts Claire Fuller, Deputy Chief Finance Officer	

Governance:

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	N/A	
Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

Since 2016 the Primary Care Operational Group has been providing papers to PCCC on all delegated information including those that are only for information only.

As the three CCGs have come together in a Committee in Common it is critical to ensure that the committee continues to receive assurance on items that are only for information, but the focus of PCCC agenda is for those items that require a decision or are highlighting change to the strategies underpinning the development such as Workforce or Estates.

To support the committee in reviewing the ability to change the frequency of PCCC meetings, PCOG has been reviewing agenda items and has split them into three sections:

1. Nationally regulated outcomes
2. Annual work plan
3. Decision required by committee

This paper is only an aim to prompt discussion. For the discussions at PCCC the team will work further on this proposal.

Implications:

What is the **health impact/ outcome** and is this in line with the **CCG's strategic objectives**?	N/A
What is the **financial/ resource** required?	N/A
What **legislation, policy or other guidance** is relevant?	N/A
Is an **Equality Analysis** required?	N/A
Any **Patient and Public Engagement**/ consultation required?	N/A
Potential **risk(s)**? (including reputational)	N/A

Recommendation(s):

To note and discuss the paper.

Next Steps:

This paper is to encourage discussion only at this stage.

PCOG / PCCC Roles & Responsibilities

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3. Decision required by committee

Although PCOG report items under this section to PCCC there are certain elements of the GP Contract that are formally outlined in national regulations and therefore cannot be overridden.

The examples below show how the information could flow through PCOG & PCCC and where decisions required are reviewed for ratification or to note for information. The table also sets out the escalation to PCCC for each area:

Function	National Regulation / limited decisions	When escalation would occur
Contract variations	For information only and to escalate contract changes to NHSE	Any variations which require contractual change will be presented to PCCC via formal application
24hr GP retirements	Unable to refuse requests, but CCG may wish to seek assurances of continuity of contractual requirements following retirement	Where retirement would result in a change of contract status or concerns over sustainability of workforce.
CQC dashboards	Monitoring of outcomes and practice feedback at local level.	
National contract variations	For information only and to escalate contract changes to NHSE	National changes will be presented to PCCC when available.
List Capping & Closures	Commissioners unable to refuse list capping requests	Capping resulting in risk of primary care access to be highlighted to PCCC via contract tracker.
QOF Appeals	Local decisions to be made subject to evidence. All decisions based on factual evidence provided.	Where appeals which to be challenged or where dispute has not been resolved.
Performance/quality		

Dashboard		
SAS Management & Review panels	Local decisions to be made subject to evidence. All decisions based on factual evidence provided.	Confidential reviews of patients and individual cases which is better placed a local level. Policy and process management should be maintained at Committee level.
Detailed budget reviews i.e. LCS expenditure	Practice/service level breakdown reviews. Assist in scoping VFM & Fit for purpose services. Individual practice level data to highlight outliers for over and under claiming.	High level LCS budget included n financial paper presented to PCCC.
LCS reviews	Identifying individual practice/service training needs.	Overall recommendations of commissioning intension to PCCC

Please note all functions would be subject to any exceptional circumstances being discussed via the contract tracker as individual items or presented as spate agenda items.

For Information only - PCOG Membership consists of:

Part 1:

The voting membership of the group shall be:

- Director of Quality and System Redesign (Chair)
- Deputy Director of Finance (or deputy) (Vice Chair)
- GP representative from locality area SASSE
- GP representative from locality area Woking
- GP representative from locality area Thames Medical
- Patient/Lay representative
- Director of Liaison and LMC Finance and Development
- Three Practice Manager representatives

The non-voting staff representation (with attendance as required) will be

- Head of Primary Care Contracts
- Associate Director of Primary Care
- Head of Primary Care commissioning & Development
- Representative from Quality Directorate
- Head of Medicines Management
- Head of Planned Care
- Clinical Lead Planned Care
- Head of Frailty and Integrated Care

Part 2: Closed practice sensitive cases only (Proposed new membership)
(Red reflect current membership)

The voting membership of the group shall be:

- Deputy Director of Finance (or deputy)
- Deputy Director of Non-Acute & primary Care Contracts

- Patient/Lay representative
- Quality representative
- Representative from Healthwatch
- Director of Liaison and LMC Finance and Development/ Medical Director

The non-voting staff representation (with attendance as required) will be

- Head of Primary Care Contracts (chair)
- Associate Director of Primary Care
- Head of Primary Care commissioning & Development
- Head of Medicines Management

Next Steps:

If PCCC agrees to strengthen the authority of PCOG the following steps should be undertaken:

1) Review and amend Terms of Reference for both PCCC and PCOG.
2) Part 2 of PCOG to be strengthened to ensure strong membership